80/553159

14P20 R36'6 P61/PTO 22 NOV 2005

Application Data Sheet APPLICATION INFORMATION

Application Number::	
Filing Date::	
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD Disks:	
Number of Copies of CDs::	
Sequence Submission?::	Paper
Computer Readable From (CRF)	?:: Yes
Number of Copies of CRF::	1
Title::	COMBINATION LIPOSOMAL FORMULATIONS
Attorney Docket Number::	239615
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	•
Total Drawing Sheets::	
Small Entity?::	Yes
Latin Name::	
Variety denomination name::	
Petition Included?::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

APPLICANT INFORMATION

Inventor Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Haris

Middle Name::

Family Name:: Jamil

Name Suffix::

City of Residence:: Libertyville

State or Prov. of Residence::

Country of Residence:: US

Street of mailing address:: 1216 Trinity Place

City of mailing address:: Libertyville

State or Province of mailing address:: IL

Country of mailing address:: US

Postal or Zip Code of mailing address:: 60048

Inventor Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Imran

Middle Name::

Family Name:: Ahmad

Name Suffix::

City of Residence:: Wadsworth

State or Prov. of Residence::

Country of Residence:: US

Street of mailing address:: 4731 Pebble Beach Drive

City of mailing address:: Wadsworth

State or Province of mailing address:: IL

Country of mailing address:: US

Postal or Zip Code of mailing address:: 60083

Inventor Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Zafeer

Middle Name::

Family Name:: Ahmad

Name Suffix::

City of Residence:: Gurnee

State or Prov. of Residence::

Country of Residence:: US

Street of mailing address:: 2140 Cattail Run #202

City of mailing address:: Gurnee

State or Province of mailing address:: IL

Country of mailing address:: US

Postal or Zip Code of mailing address:: 60031

Inventor Authority Type:: Inventor

Primary Citizenship Country:: India

Status:: Full Capacity

Given Name:: Gopal

Middle Name::

Family Name:: Anyarambhatla

Name Suffix::

City of Residence:: Waukegan

State or Prov. of Residence::

Country of Residence:: US

Street of mailing address:: 1014 Lakehurst Drive, Apt. 104

City of mailing address:: Waukegan

State or Province of mailing address:: IL

Country of mailing address:: US

Postal or Zip Code of mailing address:: 60085

CORRESPONDENCE INFORMATION

Correspondence Customer Number::

23460

Phone::

(312) 616-5600

Fax::

(312) 616-5700

E-mail Address::

mail@leydig.com

REPRESENTATIVE INFORMATION

Representative Customer Number::

23460

Representative Designation::

Registration Number::

Representative Name::

Primary

Associate

DOMESTIC PRIORITY INFORMATION

Application::

Continuity Type::

Parent Application::

Parent Filing Date::

This Application

National Stage of

PCT/US2002/016413

05/22/04

PCT/US2002/016413

An application claiming the

60/495,260

PCT/US2002/016413

benefit under 35 USC

08/13/03

119(e) of An application claiming the

60/472,664

05/22/03

benefit under 35 USC

119(e) of

FOREIGN APPLICATION INFORMATION

Country::

Application Number::

Filing Date::

Priority Claimed

ASSIGNEE INFORMATION

Assignee name::

NeoPharm, Inc.

Street of mailing address:: 150 Field Drive

Suite 195

City of mailing address::

Lake Forest

State or Province of

mailing address::

IL

Country of mailing

US address::

Postal or Zip Code of mailing address::

60045